MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	\					
2						
3						
4						
5	\					
6	\	\				
7		7				
8		7				
9		2				
10	\					
11	/					
12		2				
13		2				
14		①				
15		①				
16		①				
17		①				
18	\					
19		2				
20		2				
21	/					
22		/				
23		2				
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48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	26					
TOTAL CLAIMS	33					

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
54							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							